



Phone: (302) 255-4639 Fax: (302) 255-4621 Email: DelawareAnimalServices@delaware.gov Web: AnimalServices.Delaware.gov

APPLICATION FOR KENNEL LICENSE

Applicants Information:		
N ame:		Date:
Date of Birth:	Driver's License o	or State ID No
Address:		Development:
City:	County:	Zip:
Phone:	Cell:	Email:
Name of Kennel (if applica	ble):	
Address of Kennel (if differ	rent of applicant address)	
Address:		Development:
City:	County:	Zip:
Current Number of dogs a	t your Kennel Location:	
Breed(s) of dogs:	Are primary	enclosures: Indoor
		Outdoor
		Both
What is the primary use of	f your kennel (i.e. breeding, show,	, selling, hunting, personal pets, etc.)?

Delaware Office of Animal Welfare H166 Carvel Building, Lower Level 1901 N. Dupont Highway New Castle, DE 19720

License fees:

No more than 12 dogs	\$ 70.00
No more than 25 dogs	\$140.00
No more than 50 dogs	\$250.00
More than 50 dogs	\$300.00